

## **Iowa Dental Board** **Purchase of Roster/Mailing List**

Rosters which include the names and addresses of licensees are available for purchase according to the following procedures:

- Complete all sections of the order form. Missing specifications may result in delays in processing your order.
- The signed Purchase of Roster Agreement **must** be returned to this office with the completed order form. The agreement affirms that the materials or publications to be disseminated shall not be published in a manner which could be construed by the public to mean that the Board supports, endorses, or approves of the materials disseminated. **Be sure to include your street address on the Purchase or Roster Agreement.**
- Payment shall be received prior to release of a roster.
- Turn around time for processing an order is a minimum of 10 working days.

### **COST INFORMATION**

#### **Standard mailing lists include:**

- Full Name
- Address
- City
- State
- Zip Code.

Printed mailing list:	\$65.00 per profession.
Mailing list on diskette or CD-Rom:	\$45.00 per profession.
Mailing list in an electronic file:	\$35.00 per profession.

#### **Standard data lists include:**

- full name
- address
- city
- state
- zip code
- issue date
- license or registration number
- expiration date
- license or registration status.

Printed standard data list:	\$75.00 per profession.
Standard data on diskette or CD:	\$55.00 per profession requested.
Standard data in an electronic file:	\$45.00 per profession requested.

***Additional data elements, programming or sorting increases the fees by \$25.00.***

**IOWA DENTAL BOARD  
PURCHASE OF ROSTER ORDER FORM**

If you wish to purchase a roster, please print this document and complete the information requested below and return it to the Iowa Dental Board with the signed Purchase of Roster Agreement.

**Type of Roster**

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Printed <b>mailing</b> list:                | \$65.00 per profession. |
| <input type="checkbox"/> <b>Mailing</b> list on diskette or CD-Rom:  | \$45.00 per profession. |
| <input type="checkbox"/> <b>Mailing</b> list in an electronic file:  | \$35.00 per profession. |
| <input type="checkbox"/> Printed <b>standard data</b> list:          | \$75.00 per profession. |
| <input type="checkbox"/> <b>Standard data</b> on diskette or CD:     | \$55.00 per profession. |
| <input type="checkbox"/> <b>Standard data</b> in an electronic file: | \$45.00 per profession. |

**Format of roster:**

- ☐ Pressure sensitive labels: Avery 5261 address labels
- ☐ Printed List
- ☐ 3.5 inch, high density diskette Formatted IBM Compatible
- ☐ Electronic file via E-mail
- ☐ CD-Rom

**Type and status of license:**

- ☐ Dentists - Active
- ☐ Dental Hygienists - Active
- ☐ Registered Dental Assistants\* – Active

**Geographic Area:**

- ☐ In-State Licensees/Registrants Only
- ☐ All Licensees/Registrants (In-State and those residing outside Iowa)
- ☐ Specific Iowa counties (list the counties by name)

**Printing sequence:**

- ☐ Zip code
  - ☐ Alphabetical by last name of licensee
  - ☐ Other
- 

The standard list does not include resident or faculty permit holders, or the following license/registration statuses: Lapsed, revoked, retired, surrendered, deceased, inactive, not renewing or disciplinary actions.

*Additional data elements, programming or sorting increases the fees by \$25.00.*

We are unable to provide social security numbers, graduation school, and graduation year.

\*The standard data list for dental assistants will distinguish those dental assistants who are registered, and dental assistants who are registered and also hold a qualification in dental radiography.

## PURCHASE OF ROSTER AGREEMENT

By signing this form:

I verify having full knowledge and understanding that materials/publications to be disseminated using a roster of names and addresses of licensed dentists, dental hygienists, or registered dental assistants, shall not be published in any manner which could be construed by the public to mean that the Iowa Dental Board or any of its employees supports, endorses, approves, etc., the materials/publications to be disseminated.

I acknowledge that I am placing an actual order for a roster of Iowa dental, dental hygiene licenses, and dental assistant registrants, for which I shall be responsible to assure payment is made.

Name (typed or printed) \_\_\_\_\_

Signature: \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach this form to the purchase of the roster order form being returned to the Iowa Dental Board. Your order cannot be processed without a signature on this form.

**Iowa Dental Board  
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Des Moines, IA 50309-4687  
Fax: 515/281-7969**